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FROM THE AMERICAN PEOPLE

GHANA

Year 1

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Disclaimer

The authors views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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This report was compiled and written by: Rhehab Chimzizi (TB CARE I Country Manager), Bismarck Owusu Adusei (M&E Officer), Hilda Quanua Smith (Project Officer) and Sally-Ann Ohone (WHO NPO).

The report was reviewed by:

MSH Home Office (Arlington and Boston, USA)

Pedro Suarez, Fabiola Odio, Swetha Desai, Anna Spector and Sharon O'Daniel

TB CARE I PMU (The Hague, Netherlands)

Ersin Topcuoglu, Claire Moodie and Andrée Willemse

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APA 1	Annual Plan of Activity-Year 1
ART	Antiretroviral Therapy
CAT I	TB Treatment Category one-for new TB patients
CAT II	TB treatment Category two-for previously treated patients
CCM	Country Coordinating Mechanism
CTU	Central TB Unit
DOTS	Directly Observed Therapy-Short Course (Internationally recommended strategy for tuberculosis control)
DHMT	District Health Management Team
FY	Fiscal Year
GAC	Ghana AIDS Commission
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHS	Ghana Health Service
HF	Health Facility
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
HSS	Health Systems Strengthening
HCW	Health Care Workers
KNCV	Royal Dutch Tuberculosis Foundation
LFA	Local Fund Agent
MESST	Monitoring and Evaluation System Strengthening Tool
MOH	Ministry of Health
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
M&E	Monitoring and Evaluation
NACP	National AIDS Control Program
NPO	National Professional Officer
NTP	National TB Control Programme
USAID	United State Agency for International Development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug Resistance Tuberculosis
PMU	Program Management Unit
PRs	Principal Recipients
PPM	Public Private Mix
PUDR	Progress Update Disbursement Request
SOPs	Standard Operating Procedures
SS+	Smear Positive
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
TOT	Trainer of Trainers
WHO	World Health Organization

Executive Summary

TB CARE is one of the main global mechanisms for implementing USAID's TB Strategy as well as contributing to TB-HIV activities under (U.S. President's Emergency Plan for AIDS Relief (PEPFAR). There are currently two TB CARE Mechanisms (TB CARE I and TB CARE II) to build and expand TB Control Programs. Ghana is one of the countries that falls under TB CARE I Mechanism. TB CARE I is comprised of seven (7) organizations working in TB Control. Management Sciences for Health (MSH) is the lead partner for TB CARE I in Ghana. KNCV Tuberculosis Foundation and WHO are collaborating partners. Providing technical assistance to the National Tuberculosis Control Program (NTP) and other partners is TB CARE I's highest priority. This technical assistance is provided through the TB CARE I Country Manager (Rhehab Chimzizi) and the M&E Officer (Bismarck Owusu Adusei) and periodically through External Senior Consultants.

TB CARE I works within the framework of the NTP central Unit and its activities are aimed at complementing the NTP's overall agenda. Furthermore, TB CARE I supports the NTP in ensuring that the newly approved Global Fund Round 10 Proposal is implemented in a coordinated fashion; ensures improved absorptive capacity of the grant and that planned interventions make the largest impact. Since the CCM provides important oversight to grant implementation, TB CARE I through its Country Manager participates in activities of the CCM. The TB CARE I Country Manager now chairs the HIV-TB oversight committee of the CCM. In summary TB CARE I work towards supporting the improved performance of the NTP in Ghana hence relies on the NTP for most of its data.

Distinctively, during the FY 11 (APA 1) TB CARE I in Ghana focused on the five out of the eights (8) priority technical areas namely: Universal access, laboratories, TB/HIV, Health System Strengthening and M&E, Operational Research and Surveillance.
Notable achievements during the first year of TB CARE I include the following:

1. 31 Health Care Workers (HCW) comprising of 21 men and 10 women, were trained and will serve as TOTs for the scale up of interventions aimed at increasing TB case detection in their respective regions and districts. Through this training it became apparent that the actual DOTS coverage in public health facilities is unknown. As a result of this, all Regional TB Coordinators were tasked to conduct situation analysis of TB services in their respective regions and the final report will permit the NTP to know the exact DOTS coverage. This information will be critical in planning and implementing activities aimed at increasing TB case detection in Ghana.

2. A follow up MOST for TB workshop for the NTP Central Unit staff and Regional TB Coordinators was conducted and through this workshop it was evident that some Regional TB Coordinators are not fully conversant with the new strategies and policies the NTP has recently adopted. It was therefore recommended that TB CARE I should support the NTP to finalize the development of the TB guidelines that will serve as reference document and allow for the standardization of TB

control services across the country. The TB guidelines will also include SOPs for completing various TB recording and reporting forms.

3. Data quality assessment was conducted in the entire Eastern Region for the purpose of identifying potential areas of data inaccuracy and inconsistency between various levels of health services administration with the ultimate aim of addressing them. Key findings of the assessment included: Incorrect use of district TB number, differences in number of TB cases recorded between each administrative level (facility-district-region-national) of the same cohort and misclassification of smear positive and smear negative. There was also misclassification of TB treatment categories. For example TB patients who had smear positive results at month five were still on category one (CAT I) treatment regime though in principle they were supposed to be put on retreatment regimen (CAT II).

4. The TB CARE I Country Manager was appointed a member of the HIV-TB Oversight Committee of the Ghana Global Fund Country Coordinating Mechanism (CCM). He was subsequently elected as the chairperson of the committee. During the year under review the TB CARE I Country Manager has participated in the site visits of various Principal Receipts (PRs) for Global Fund Round 5 and 8 Grants as well as reviewing PUDR and Dashboards. Through this committee TB CARE I will be able to effectively support the NTP in the implementation of the Global Fund Round 10 Grant.

Three main challenges encountered during the FY 11 (APA 1) are:

1. The signing of the Global Fund Round 10 TB Grant has delayed; this delay also impacted TB CARE I as its work plan was developed to complement the activities that are planned to be funded through the Round 10 grant considering that the Global Fund is the major source of funding for TB Control in Ghana.
2. Due to limited budget, TB CARE I could not take on board other capital intensive technical areas such as PMDT and Laboratories.
3. The FY 11 TB CARE I was originally developed with a budget ceiling of $1 million budget but $800,000 was finally approved and obligated and this has affected the completion of all planned activities.

Introduction

Ghana Country Profile

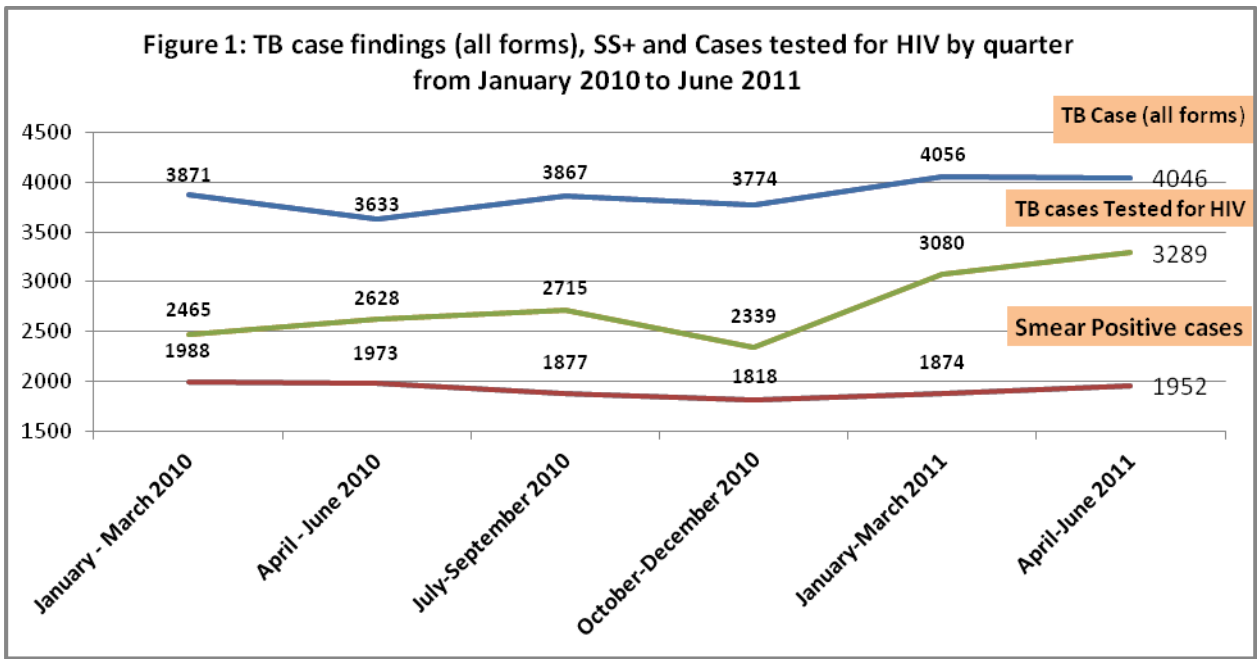
The estimated population for Ghana in 2011 is about 25 million. 51% are females and about 45% of the population is children under the age of 15 years. Ghana is divided into ten administration regions and currently there are 170 districts and 42 additional districts have just been added by the Ghana Government. In Ghana the Ministry of Health (MOH) describes Tuberculosis (TB) as the most common cause of premature death in adults (NTP Strategic plan 2009 - 2013).

The National TB Control Program (NTP)

The NTP in Ghana was formerly established in 1994. The NTP is seemingly integrated into the general health services. According to World Health Organization (WHO) definition Ghana achieved 100% DOTS coverage in 2005.

Since 2001, the major source of funding for TB Control in Ghana has come from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) through Round one and five grants. In 2010 the NTP successful won the Global Fund Round 10 Grant amounting to over $70 million to run for five years. The Ghana government also significantly contributes to TB control by making available staff to implement TB control services and provide infrastructure support such as health facilities where TB patients are diagnosed and treated. From 2007, the United States Agency for International Development (USAID) has been supporting the NTP mainly in the area of technical assistance initially through TB CAP and currently TB CARE I.

The most significant achievement of the NTP is the progressive increase of TB treatment success rate that reached 87% for the 2009 cohort, which is the revised Global target. The low TB case detection is regarded as the main key challenge facing the NTP. In 2009 an estimated 31% of expected TB cases were detected which is way below the African average of 50% and the global target of 84%. There are prospects that in 2011 the NTP will notify more cases compared with the cases of 2010. This assumption was made by comparing the TB cases (all forms) notified during the first 6 months of 2010 and that of 2011 which were **7,504** and **8,102** respectively. Though, there appears to be an increase of all forms of TB, the number of smear positive TB cases for the first six months of 2010 decreased from **3,961** to **3,826** for the first six months of 2011. On the other hand, comparing the number of TB patients tested for HIV between the first 6 months of 2010 and 2011 shows an increase of about 25%. Figure 1 below shows TB case finding (all forms and smear positives) by quarter and number of TB patients tested for HIV from January 2010 to June 2010



Ghana TB CARE I

TB CARE I is a follow-on project of TB CAP. Management Sciences for Health (MSH) is the lead partner for TB CARE I in Ghana. KNCV Tuberculosis Foundation and WHO are collaborating partners.

The key local partner for TB CARE I is the MOH/GHS through the National Tuberculosis Control Programme (NTP). Other local partners are National AIDS Control Program (NACP), Ghana AIDS Commission (GAC) and the Country Coordinating Mechanism (CCM)-Ghana. TB CARE I also work closely with USAID-funded health projects such as the Regional Focus Health Project

Providing technical assistance to the National Tuberculosis Control Program (NTP) and other partners is TB CARE I's highest priority. This technical assistance is provided through the TB CARE I Country Manager (Rhehab Chimzizi) and the M&E Officer (Bismarck Owusu Adusei) and periodically through External Senior Consultants.

TB CARE I works within the framework of the NTP central Unit and its activities are aimed at complementing the NTP's overall agenda. Furthermore, TB CARE I supports the NTP in ensuring that the newly approved Global Fund Round 10 Proposal is implemented in a coordinated fashion; ensures improved absorptive capacity of the grant and that planned interventions make the largest impact. Since the CCM provides important oversight to grant implementation, TB CARE I through its Country Manager participates in activities of the CCM. The TB CARE I Country Manager now chairs the HIV-TB oversight committee of the CCM. In summary TB CARE I work towards supporting the improved performance of the NTP in Ghana hence relies on the NTP for most of its data.

During the year under review TB CARE I distinctively supported the NTP and other partners in the following technical areas:

1. Universal access
2. Laboratories
3. TB/HIV
4. Health System Strengthening
5. M&E, Operational, and Surveillance

1. Universal Access

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Base line	Target Y1	Result Y1	Comments
1.1	TOT for TB prevention and care (focusing on TB case detection) for rolling out the national training plan	Number of health workers trained as TOTs for TB prevention and care	Health care workers with skills to train others (disaggregated by gender)	0	30	31 (21 males and 10 females)	Participants included 8 HIV/ART Clinicians and 4 PLHIVs registered with the National Association for People Living with HIV. External Technical Assistance was provided by two Senior Consultants Drs. Pedro Suarez and Eliud Wandwalo
1.2	TA to develop an evaluation plan for on-going and new TB prevention and care intervention (focusing on TB case detection and interventions outlined in the GF Round 10 TB Proposal) provided	Short term technical assistance provided	Plan for evaluating TB prevention and care intervention available	No	Recommendations for evaluating TB control interventions provided to the NTP	Yes	Regional Implementation plans and the NTP M&E framework developed

Key Achievements

1. In an effort to address the NTP's key challenge of the low TB case detection, TB CARE I supported the NTP to conduct a Trainer of Trainers (TOT) Workshop for Health Care Workers who will serve as trainers in their respective regions and districts for the implementation of the Standard Operating Procedures (SOPs) for TB case detection ***(see Annex 1 for HCW trained).*** The key deliverable for the TOT was the development of action plans for the implementation of the SOPs for TB case detection in all the regions. During this meeting it became clear that although Ghana achieved 100% DOTS coverage in 2005, based on anecdotal information provided by Regional TB Coordinators public health facility DOTS coverage was about 50% ***(see Table 1).*** As a result of this all the regions were tasked to conduct a TB situational analysis to assess the true DOTS coverage for Ghana.

Table 1: Number of health facilities by regions versus number of health facilities with DOTS services: Anecdotal information

Regions	# of H/F	# of H/F with DOTS Service	Percentage
Ashanti	530	165	31.13%
Brong Ahafo	203	180	88.67%
Central	227	227	100.00%
Eastern	541	309	57.12%
Greater Accra	466	89	19.10%
Northern	269	100	37.17%
Upper East	180	48	26.67%
Upper West	167	167	100.00%
Volta	325	40	12.31%
Western	234	204	87.18%
National	3,142	1,529	48.66%

Figure 2: Group photograph of participants of the Trainer of Trainers (TOT) Workshop for rolling out the implementation of the SOPs for TB case detection.

2. TB CARE I provided technical assistance to the NTP through a senior consultant from

the WHO Regional Office for Africa (Dr. Daniel Kibuga). The consultant supported the NTP in developing a practical road map for scaling up PPM DOTS in Ghana ***(see Annex 2)***. This road map will be implemented within the context of the Global Found Round 10 Grant.

Challenges

1. The exact health facility DOTS coverage is unknown
2. Some regions appear not fully aware of the new policy and strategic policies that the NTP has recently adopted
3. Some Regional Coordinators do not fully understand operational definition of DOTS coverage
4. There has been a delay in signing the Round 10 Grant and this has equally delayed the NTP to start implementing planned activities outlined in the Global Fund Round 10 Proposal

Next Steps

1. In order to know the exact DOTS coverage in all the Public Health Facilities, all Regional TB Coordinators should conduct TB situational analysis and share with both the NTP Central Unit and TB CARE I. Based on the final analysis report the NTP and TB CARE I will effectively and systematically plan activities aimed at increasing public health facility DOTS Coverage and thus increase TB case detection. In the APA 2 work plan TB CARE I will provide support to Eastern Region in the implementation of the SOPs for TB case detection and key activities will include:

    - Development of TB case detection implementation plans for the main government hospitals. The plans will have clear indicators and targets
    - Revamp Health Facility TB Team to supervise the implementation of TB case detection interventions and the Institutional TB Coordinator will be a focal person of this TB team
    - Provide SOPs for TB case detection and job aides to assist in the implementation of planned activities
    - Make available to these health facilities cough registers to follow-up all TB suspects
    - Conduct regular supervision and mentoring visits to all the health facilities by TB CARE I, NTP Central Unit, Regional TB Coordinator and M&E Officer for the Eastern Region

2. TB CARE I will provide technical assistance to the NTP to finalize the TB manual that will serve as a reference document and permit standardization of TB control services across the country
3. The NTP Central Unit (CTU) should circulate the operational definition of DOTS coverage to all the regions and districts

2. Laboratories

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
2.1	Health workers trained as TB microscopists (smear preparation and examination)	Number of health workers trained as TB microscopists	Health workers with skills to perform smear preparation and examinations (disaggregated by gender)	0	20	23 (21 males and 2 females)	

Key Achievements

TB CARE I supported the training of 23 personnel in a five day workshop on sputum smear preparation and examination. This was to improve the quality of sputum smears in order to enhance TB case detection as well as reduce false negatives and positives.

Challenges

1. Two laboratory personnel per district from the 18 districts in the Volta Region were identified to be trained. However out of the estimated 36 laboratory personnel[1], only 23 were trained and refreshed in TB microscopy preparation and examination due to limited funds.
2. There is no regular external quality assurance visits from the National level to the Region

Next Steps

TB CARE I in APA 2 will support additional monitoring and support visit missions to the Volta Region to assess the impact of the training especially on the quality of smears and on the overall improvement of TB case detection interventions.

[1] Laboratory personnel here includes Biomedical Scientists, Lab Technicians, Lab assistants and lay persons involved in TB laboratory work

3. TB/HIV

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
5.1	TA to develop guidelines for intensified TB case finding among PLHIV provided	Short Term TA provided	Guidelines for intensified TB case finding available	First TA provided June 2010	TA provided and trip report available	Yes (Trip Report available)	A Consensus was reached between the NACP, USAID and TB CARE I that there was no need to have specific guidelines on the Intensified TB case finding among PLHIV as the revised ART guidelines adequately address this issue
5.2	Tools for collecting TB screening data among PLHIV revised	Tools revised	Tools available and in use	NACP/NTP tools available	Data collection tool revised	Yes	The NACP/ NTP have currently reviewed all its recording and reporting tools and this include tools for collecting data on TB screening among PLHIV . TB CARE I will build capacity of the NTP Central Unit Programme Officers for them to systematically collect TB screening data from ART clinics
5.3	TB and ART clinic personnel and key PLHIV support group members trained as TOT for intensified TB case finding among PLHIV conducted	Number of health workers trained	20 Health care workers and 10 PLHIV with skills to train others (disaggregated by gender)	0	30	Activity modified	50,000 TB screening algorithms for adults and children have been printed. This activity modification was approved by the USAID mission after receiving a request from the NACP

Key Achievements

1. TB CARE I supported the National AIDS Control Programme (NACP) and the National TB Control Program (NTP) to revise the Algorithm for TB screening in PLHIV (Adults and children) in line with the Global Guidelines

2. TB CARE I then supported the NACP to print 50,000 copies of the TB screening algorithms for adults and children to be distributed in all the 155 ART Clinics as well as HIV Testing and Counseling (HTC) and PMTCT clinics ***(see Annexes 3 and 4)***.

Challenges

1. There is still some weak mechanisms for sharing TB screening data among PLHIV between the NACP and NTP
2. There is no clear plan for assessing the impact of TB screening algorithm in increasing TB case detection among PLHIV

Next Steps

1. TB CARE I will collaborate with the NTP to train NTP Central Unit staff and Regional TB Coordinators in ensuring that when they conduct routine monitoring and supervision to health facilities that have an ART clinic, data on TB screening among PLHIV is also collected from these clinics
2. TB CARE I will document the impact of the TB screening algorithm in improving TB case detection among PLHIV in Eastern region[2]

[2] Eastern region is the region that has the highest HIV rates in Ghana which is above the national average

4. Health System Strengthening (HSS)

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
6.1	HSS sub strategy and TB control training plan developed	HSS sub strategy and training plan developed	HSS sub strategy and plan to address HSS and training issues	No	Draft sub strategy available	Yes	Through consultation with the GHS and NTP, it was agreed that TB CARE I should support the finalization of the Health Sector M&E plan as part of the HSS. The operational plan for this GHS M&E Plan will be completed before the end of 2011
6.2	TA to identify and address leadership and management gaps for TB control provided	Short TA provided	NTP Central Unit staff mentored and coached in leadership and management	No	Gaps identified and listed in the trip report	Yes-Trip available	Dr. Pedro Suarez provided TA to the NTP on Leadership and Management for TB control
6.3	The MOST for TB workshop conducted in one region and central Unit	Priority management components selected for improvements of TB control services	Number of priority TB management components for improving TB control services selected	5 five priority management components identified	5 priority TB Management components implemented	Yes-Trip reports available	A follow up and an Initial MOST for TB workshops conducted for the NTP Central Unit and Eastern region Respectively

Key Achievements

1. Within the context of the Health Systems Strengthening (HSS) TB CARE I supported the Ghana Health Service to finalize the health Sector M&E plan. This support was provided knowing very well that contributing to the rolling out of a national health sector M&E plan, with the aim of improving data collection and data analysis quality, will in turn contribute to the strengthening of TB data since TB Control Services are integrated into the general health services.
2. During the follow up MOST for TB workshop for the NTP central unit, it became apparent that some regions are not fully aware of the new strategies and policies that have been adopted by the NTP and the meeting resolved that TB CARE I should support the NTP in developing the TB manual for it to serve as a reference document and permit for the standardization of TB Control services across the country
3. Geographical and population coverage with DOTS was one of the management components that were identified as a priority to be implemented during the next 12 months in the Eastern region. As a result of this, TB CARE I supported Eastern region to conduct a situation analysis of TB services. Preliminary results showed that out of the 451 public health facilities in Eastern region 376 offer some form of DOTS services, hence representing 83% health facility DOTS coverage

Challenges

1. Operational plan for the Health Sector M&E plan still needs to be completed
2. The TB manual for the NTP is yet to be completed
3. Implementation of the action plans of the five priority management components following the MOST for TB workshops needs adequate funding

Next Steps

1. TB CARE I will support the Ghana Health Service to complete the operational plan of the Health Sector M&E plan
2. TB CARE I will provide technical assistance to the NTP to finalize the development of the TB Manual for Ghana
3. The MOST for TB action plans should be included in the implementation plans for both the NTP Central Unit and the Regions in order to utilize resources from the Global Fund Round 10 Grant

5. Monitoring & Evaluation, Surveillance and OR

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
7.1	M&E Plan including plan for making better use of routine data for TB control revised	M&E plan with indicators and targets	M&E plan available	Draft	Final Draft of the M&E Plan available	Yes	The NTP M&E plan has been developed
7.2	One region (Eastern) prepared as pilot/model for data validation exercise and demonstration for better data use and monitor trends	Baseline data for case finding and for 2009 TB treatment outcomes	Baseline report	No	Baseline data available and compared with what was already reported to the national level	Final Analysis Report available	The analysis of the data completed and preliminary results shared and discussed with the NTP central unit. A meeting to debrief the Eastern Region Management team is being planned
7.3	Support for monitoring and evaluating TB control activities provided	Number of meetings and visits	Meeting and visit reports	0	2 review meetings supported and 3 monitoring and technical supervision conducted	2 review meetings and 3 support visits successfully conducted	Support visits were conducted to Eastern, Ashanti and Brong Ahafo Regions

Key Achievements

1. TB CARE I supported the NTP to assess its M&E systems using the Monitoring and Evaluation System Strengthening Tool (MESST) and as a result of this the draft NTP M&E plan was finalized. This M&E plan has taken on board the indicators and targets for the Global Fund Round 10 Grant
2. TB CARE I supported the NTP to pilot the use of the Rapid Data Quality Assessment (RDQA) tool. The piloting of the RDQA tool showed that there are incompleteness in data recording and reporting forms and also transcription error from the treatment cards to facility registers through to the national level data.
3. The Eastern Region data quality assessment was completed and the following findings were observed:

- In all districts, incorrect use of the district TB number was observed
- Some facilities were using A4 sheets as their facility register and others were not using the latest version of TB registers

- Some Districts were using the same facility register as district register and others were using the district register as a facility register
- Differences in number of cases recorded between each administrative level (facility-district-region-national) were observed
- Misclassification of smear positive and smear negative were identified. There was also misclassification of TB treatment categories
- Some variables had high percent of missing variables (i.e. EPTB site, follow-up smear date & result, outcome, CPT & ART details)
- Some smear positive TB patients continued to be on CAT 1 treatment regimen even after month five (5) sputum smears were still positive, which signified that they have failed treatment. In principle these patients should have started on re-treatment regimen.

Table 2: Table showing some inconsistencies and discrepancies for data in the health facility registers and district register and data submitted to the regional and national levels for 2009 cohort in Eastern region

District	Data from Facility Registers	Data from District register	Difference between district and Facility data	Regional Data received from each District	Difference between Regional and district data
AKWAPIM NORTH	132	132	0	132	0
AKYEMANSA	66	67	1	67	0
ASUOGYAMAN	55	45	-10	48	3
ATIWA	35	48	13	47	-1
BIRIM CENTRAL	79	48	-31	49	1
BIRIM NORTH	16	46	30	46	0
BIRIM SOUTH	28	45	17	44	-1
EAST AKIM	62	62	0	59	-3
FANTEAKWA	50	69	19	70	1
KWAEBIBIREM	242	238	-4	319	81
KWAHU NORTH	55	52	-3	54	2
KWAHU WEST	36	40	4	39	-1
LOWER MANYA KROBO	214	210	-4	213	3
NEW JUABENG	150	184	34	173	-11
SUHUN KRABOA COATAR	83	97	14	95	-2
UPPER MANYA KROBO	47	43	-4	**42**	-1
WEST AKIM	122	114	-8	115	1
YILO KROBO	88	86	-2	90	4
Kwahu East		44		24	-20
Akwapim South	227			178	-49
Kwahu South	48			37	-11
	Total TB cases in the facility Registers				**1,835**
	Total TB cases in the District Register				**1,670**
	Total TB cases reported to the region				**1,941**
	Total TB cases reported to the national level				**1,953**

4. TB CARE I supported the NTP to conduct a mid-year review meeting focusing on Monitoring and Evaluation for the purpose of assessing the progress of implementing the NTP work plan during the first 6 months of 2011 and review activities to be implemented in the remaining months of the year. The meeting also offered the opportunity for the NTP Central Unit to guide the regions through the key steps to implementation plan development that will utilize resources from the Global Fund Round 10 Grant
5. TB CARE I supported the NTP to conduct monitoring and technical supervisory visits to the Eastern, Ashanti and Brong Ahafo regions. During these visits documentation and incompleteness of the TB treatment cards and TB Registers were noted to be key challenges similar to previous monitoring reports from the NTP. It was also observed that once a TB patient has started TB treatment she/he will not have a chance to see be reviewed by a clinician the entire TB treatment period. Some TB patients were even collecting their TB medicine from the DHMT and not from a health facility.

Challenges

1. Incompleteness of various TB recording and reporting forms and misclassification of TB cases still remains a challenge
2. Lack of proper documentation of TB variables in recording and reporting forms at the peripheral levels
3. Irregular technical and supervision visits to the regions, districts and facilities
4. Week systems to conduct data validation exercises
5. TB patients rarely have the opportunity to be reviewed by a clinician during the entire TB treatment period

Next Steps

1. The TB Manual should include SOPs for completing various recording and reporting forms
2. TB CARE I should support the NTP to conduct regular and effective technical supervision to the regions and districts and these must be intensified
3. On the job training and intensified technical supervision should be some of the priority areas of the NTP Central Unit and TB CARE I
4. Introduce a standardized system for conducting data validation exercises
5. TB patients must be reviewed by clinicians at least three times during the course of receiving TB treatment as follows: at the end of intensive phase, at the end of month five and at the end of TB treatment

Additional Support provided to the NTP and CCM

During the year under review TB CARE I staff also jointly worked with and supported the NTP and CCM in the following areas:

1. HIV Oversight Committee of the Ghana CCM

The TB CARE I Country Manager now Chairs the HIV-Oversight Committee. During the year under review the HIV-TB Oversight Committee of the CCM conducted site visits to various Principal Recipients (PRs) for the Global Fund Round 5 and 8 grants. Furthermore, the committee reviewed the Progress Updated of Disbursement Request (PURD) and Dash Boards and provided recommendation to the main CCM committee for action

2. Development of MDR-TB guidelines and Childhood TB guidelines

The TB CARE I Country Manager participated in the development of the MDR-TB Guidelines and Guidelines for Diagnosis and Management of TB in Children

3. Technical Assistance to develop operational plan for TB-IC

Through the Core Project a senior TB-IC Consultant (Ms. Rose Pray) provided technical assistance to the NTP to develop an operational plan for TB-IC based on the Global Fund Round 10 first and second year work plan. She also mentored the Junior Ghanaian TB-IC Consultant (Dr. Joseph Obeng) on TB-IC measures

4. Develop a tracking tool for the Global Fund supported activities

TB CARE I developed a template to track the implementation of activities planned under the Global Fund Round 10 Grant. The tool has not been tested as the Grant signing is yet to be conducted

5. TB CARE I supported the NTP in developing the NTP annual report

The TB CARE I Country Manager contributed to the development of the 2010 NTP annual report, analysis of quarterly TB data submitted to the NTP by the Regions and other data management activities

6. Improved NTP M&E Systems

TB CARE I M&E Officer works with the NTP central unit at least three days a week and while at the NTP he provides technical support in the analysis of routine TB data received from the regions as well as other general data quality management tasks.

7. Planning of the World TB day for 2011

The TB CARE I Project Officer actively participated in the planning meetings for the 2011 World TB Day National Launch

Most Significant Achievements of the Year

1. TB CARE I recruited an M&E officer (Bismarck Owusu Adusei). The Officer has already made an impact by supporting the Head of the M&E Unit of the NTP in the timely analysis of TB data received from all the 10 regions of Ghana as well as improving the overall data management such as locking formulae of the data tabulation template. The M&E Officer also led the NTP team to pilot the rapid data quality assessment tool in some TB clinics in Accra Metropolis

2. The USAID Mission Officials (Peter Wondergem and Felix Osei-Sarpong) accompanied by the TB CARE I Country Manager (Rhehab Chimzizi)) met the NTP Manager (Dr. Frank Bonsu) on May 24, 2011 to officially introduce the TB CARE I Project. At this meeting the USAID handed a letter of information to the NTP Manager which outlines TB CARE I's principal role and key strategic areas of focus during the life of the project. This meeting cemented the already existing good relationship between the NTP and TB CARE I.

3. The TB CARE I Country Manager was appointed a member of the HIV-TB Oversight Committee of the Ghana Global Fund Country Coordinating Mechanism (CCM). He was subsequently elected as the chairperson of the committee. This is in line with the role of TB CARE I as stated in the USAID's letter of information to the NTP. During the year under review the TB CARE I Country Manager has participated in the site visits of various PRs for Global Fund Round 5 and 8 Grants as well as reviewing PUDR and Dashboards. Through this committee TB CARE I will be able to effectively support the NTP in the implementation of the Global Fund Round 10 Grant

4. TB CARE I supported the NTP to train 31 HCW who will serve as TOTs for the scale up of interventions aimed at increasing TB case detection in their respective regions and districts. Through this training it became apparent that the actual DOTS coverage in public health facilities is unknown. As a result of this, all Regional TB Coordinators were tasked to conduct situation analysis of TB services in their respective regions. At the time of developing this report information from six of the 10 regions has been received and the remaining regions are expected to submit their completed forms by end of October 2011. When all the regional reports have been received the TB CARE I M&E Officer will analyze the information and the exact DOTS coverage will be known before the end of 2011 and this will be critical in planning and implementation of activities aimed at increasing TB case detection

5. TB CARE I conducted a follow up MOST for TB workshop for the NTP Central Unit staff and Regional TB Coordinators. Through this workshop it was evident that some Regional TB Coordinators are not fully conversant with the new strategic and policy changes adopted by NTP in recent years. It was therefore recommended that TB CARE I should support the NTP to finalize the development of the TB Manual that will

serve as reference document and permit for the standardization of TB control services across the country. The TB Manual will also include SOPs for completing various recording and reporting forms

6. TB CARE I supports 50% of the World Health Organization (WHO) Country Office Tuberculosis National Professional Officer's (NPO) salary

Overall Work Plan Implementation Status

Even though the implementation of FY 11 the work plan activities started late in March 2011 instead of in October 2010, TB CARE I was able to successfully implement over 80% of all planned activities.

Technical and Administrative Challenges

One of the key principle roles for TB CARE I is to ensure that the NTP implements the interventions outlined in the Global Fund Round 10 Proposal in a coordinated fashion and these interventions yield the largest impact. Over and above the TB CARE I work plan was developed to complement the activities supported by the Global Fund as the Global Fund is the major source of funding for TB control in Ghana. However the grant signing has not taken place and this role has not fully commenced though TB CARE I has been involved in establishing a solid foundation for the implementation of the GF Round 10 Grant.

Under Technical Area number five (5) (TB-HIV) TB CARE I was supposed to develop TB – HIV guidelines for intensified TB case finding among PLHIVs, however upon discussion with the NACP and the review of the review of the revised ART guidelines for Ghana, it transpired that the issue of TB screening among PLHIV was adequately covered in the ART guidelines therefore no need to develop separate guidelines for TB screening among PLHIV. The NACP requested the printing of addition algorithms for TB screening among PLHIVs (adult and children). This request was subsequently approved by the USAID Mission.

Due to limited budget, TB CARE I did not comprehensively support the NTP in other technical areas such as PMDT and Laboratories as they are capital intensive.

ANNEXES

Annex 1: Various Capacity Building activities for NTP and GHS Staff supported by TB CARE I during FY 11 (APA 1)

No	Activity	Date	External Consultants Involved	Male	Female	Total number of Participants
1	Regional Quarterly Review meeting aimed at improving the overall TB control service in the Eastern Region	19-Apr-11	N/A	18	16	34
2	Training of Laboratory Personnel in smear preparation and examination in Volta Region	May 30 - June 3, 2011	N/A	21	2	23
3	Trainer of Trainers workshop for Health workers in the implementation of the SOPs for TB case detection	July 4-6, 2011	Dr. Pedro Suarez, Dr. Eluid Wandwalo, Mr. Alvaro Monroy	21	10	31
4	MOST for TB Follow-Up workshop for NTP Central Unit Staff and Regional TB Coordinators	July 7-8, 2011	Dr. Pedro Suarez, Mr. Alvaro Monroy	17	7	24
5	Initial MOST for TB workshop for Senior Managers and District Directors of Health in the Eastern Region	July 11-13, 2011	Mr. Alvaro Monroy	18	15	33
6	NTP Mid-Year Review meeting focusing on M&E	August 29-31, 2011	Dr. Samuel Kinyanjui Dr. Eveline Klinkenberg	57	21	78
7	Stakeholder meeting to finalize the GHS M&E Plan in within the framework of HSS	September 6-8, 2011	Dr. Bert Schreuder	18	10	28
	Total			**170**	**81**	**251**

Annex 2: Roadmap for scale up PPM DOTS in Ghana

			Timeline											
Activity	**Description**	**responsible**	**Month 1**	**Month 2**	**Month 3**	**Month 4**	**Month 5**	**Month 6**	**Month 7**	**Month 8**	**Month 9**	**Month 10**	**Month 11**	**Month 12**
Policy decision	MOH accepts the PPM expansion concept	CTB												
Raise funds	signing of GF Rd 10 grant	CTB												
Constitute Regional PPM task teams	Nominate the members from among the key stakeholders													
	Organize a planning meeting for stakeholders	CTB												
Update training materials for the PPM concept	Revise and update the materials used to train in initial districts	PPM Task team												
Undertake mapping and listing of private providers, institutions and private laboratories and determine workload - **Volta, Upper West, Upper East, B. Ahafa**	Take an inventory of major stakeholders and establish their track record in public health issues	GHS and PPM DOTS Taskforce												
Briefing and consultations meetings with stakeholders	Briefing of Regional Directorates of Health		District 1		District 2		District 3		District 4					

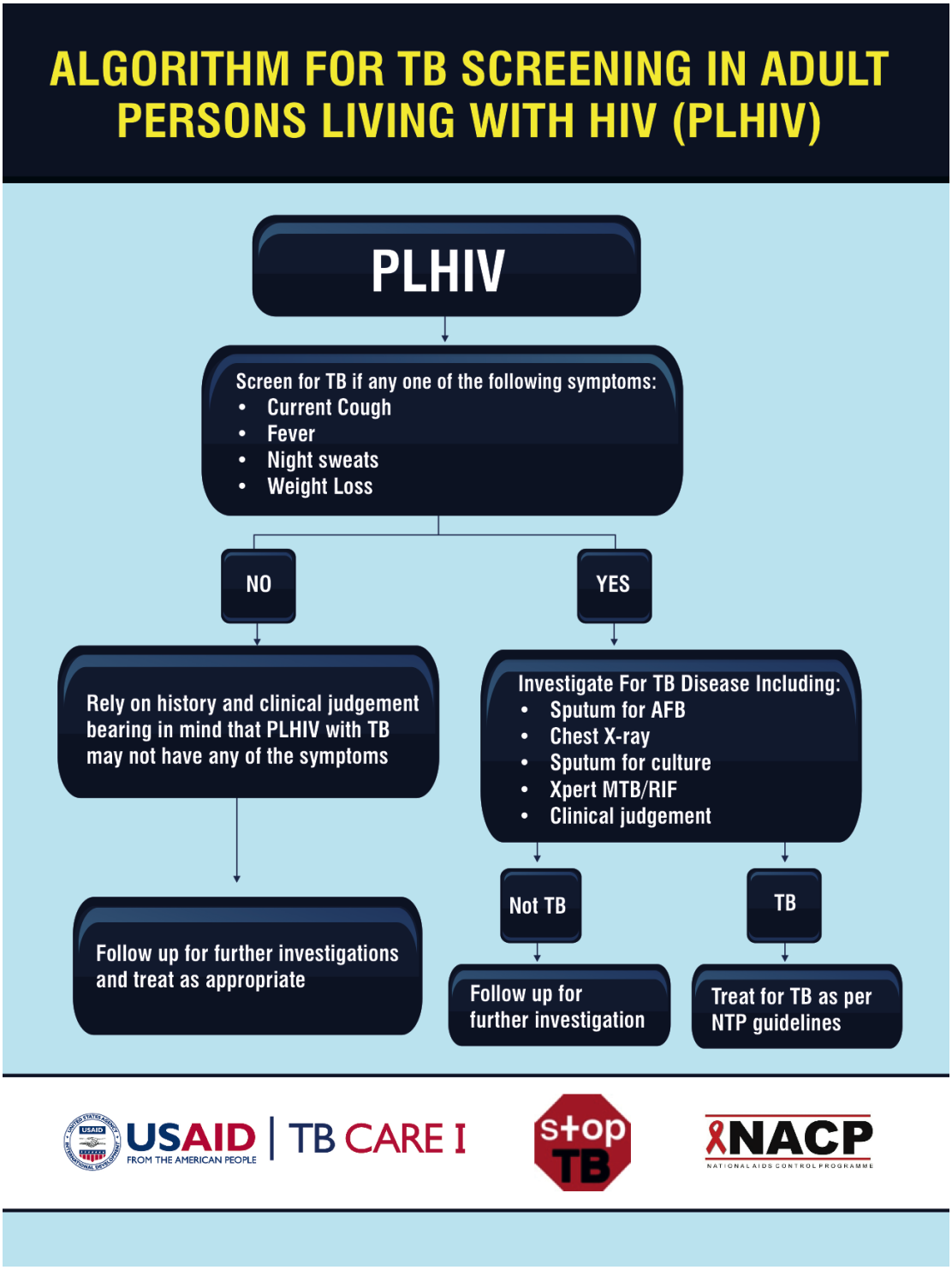
	Briefing of heads of private insitutions and NGOs in the 4 Regions to start PPM													
	expression of interest and signing of memorandum of understanding (MOU)													
Finalize PPM tools for use in new districts and facilities	Quantify the needs for diagnostic, treatment and default retrieval tools for patients in the private sector													
	Print tools to operationalize the PPM process													

Activity	**Description**	**responsible**	**Month 1**	**Month 2**	**Month 3**	**Month 4**	**Month 5**	**Month 6**	**Month 7**	**Month 8**	**Month 9**	**Month 10**	**Month 11**	**Month 12**
Capacity building among clinical stakeholders in the public sector	Convene district training workshops for public sector staff													
Build capacity among the clinical private sector	Convene district training workshops for private sector staff													
	Convene laboratory staff refresher training for the private laboratories													

Start implementation of PPM in a step wise fashion	Community awareness creation in target districts			This is not district specific										
	Distribute the various tools including medicines and registers													
	Issue first round of enablers support													
	Start patient enrollment and continue rollout													
Undertake mapping and listing of private providers, institutions and private laboratories and determine workload -**GAR, Ashanti, Western, Central Eastern, and Northern**	Take an inventory of major stakeholders in new districts and establish their track record in public health issues	CTB/Regions												
Capacity building among clinical stakeholders in the public sector	Convene district training workshops for public sector staff		District 1		District 2		District 3		District 4					

Build capacity among the clinical private sector	Convene district training workshops for private sector staff													

Annex 3: Algorithm for TB screening among PLHIV (adults)



Annex 4: Algorithm for TB screening among PLHIV (children)